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PATENT APPLICATION FEE DETERMINATION RECORD

Application or Docket Number
LS/0024.00

CLAIMS AS FILED - PART I (Column 1)			(Column 2)		SMALL ENTITY OR OTHER THAN SMALL ENTITY
FOR	NUMBER FILED	NUMBER EXTRA	RATE	FEES	
BASIC FEE (37 CFR 1.16(a))				370.00	OR
TOTAL CLAIMS (37 CFR 1.16(c))	82	minus 20 = * 62	x 9.00 = 558.00		OR
INDEPENDENT CLAIMS (37 CFR 1.16(b))	3	minus 3 = * 0	x 42.00 = 0.00		OR
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))			+ 140.00 = 0.00		OR
			TOTAL 928.00		OR

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II (Column 1)			(Column 2)		SMALL ENTITY OR OTHER THAN SMALL ENTITY
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE ADDITIONAL FEE	
Total (37 CFR 1.16(c))	*	Minus	** =	x \$ ____ =	OR
Independent (37 CFR 1.16(b))	*	Minus	*** =	x ____ =	OR
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))			+ ____ =		OR
			TOTAL		OR

(Column 1)			(Column 2)		(Column 3)	ADDITIONAL FEE
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE ADDITIONAL FEE		
Total (37 CFR 1.16(c))	*	Minus	** =	x \$ ____ =	OR	
Independent (37 CFR 1.16(b))	*	Minus	*** =	x ____ =	OR	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))			+ ____ =		OR	
			TOTAL		OR	

(Column 1)			(Column 2)		(Column 3)	ADDITIONAL FEE
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE ADDITIONAL FEE		
Total (37 CFR 1.16(c))	*	Minus	** =	x \$ ____ =	OR	
Independent (37 CFR 1.16(b))	*	Minus	*** =	x ____ =	OR	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))			+ ____ =		OR	
			TOTAL		OR	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case.

Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

Application or Docket Number

10010616

CLAIMS AS FILED - PART I

(Column 1) (Column 2)

TOTAL CLAIMS	82	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	82 minus 20= *	62
INDEPENDENT CLAIMS	82 minus 3 = *	
MULTIPLE DEPENDENT CLAIM PRESENT		<input type="checkbox"/>

* If the difference in column 1 is less than zero, enter "0" in column 2

SMALL ENTITY
TYPE

OR OTHER THAN
SMALL ENTITY

RATE	Fee	RATE	Fee
BASIC FEE	370.00	BASIC FEE	740.00
X\$ 9=	558	X\$18=	
X42=		X84=	
+140=		+280=	
TOTAL	558	OR TOTAL	

CLAIMS AS AMENDED - PART II

(Column 1) (Column 2) (Column 3)

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	Independent	Minus	** =
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			<input type="checkbox"/>	

SMALL ENTITY OR OTHER THAN
SMALL ENTITY

RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
X\$ 9=		X\$18=	
X42=		X84=	
+140=		+280=	
TOTAL ADDIT. FEE		TOTAL ADDIT. FEE	

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	Independent	Minus	** =
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			<input type="checkbox"/>	

RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
X\$ 9=		X\$18=	
X42=		X84=	
+140=		+280=	
TOTAL ADDIT. FEE		TOTAL ADDIT. FEE	

AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	Independent	Minus	** =
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			<input type="checkbox"/>	

RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
X\$ 9=		X\$18=	
X42=		X84=	
+140=		+280=	
TOTAL ADDIT. FEE		TOTAL ADDIT. FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.